

PARK VIEW HEALTH CARE - PLEASANT ACRES

725 BUTLER AVENUE, P.O. BOX 10

WINNEBAGO 54985 Phone:(920) 235-5100

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 109

Total Licensed Bed Capacity (12/31/02): 115

Number of Residents on 12/31/02: 109

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

County

Skilled

No

Yes

Yes

110

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		Less Than 1 Year		42.2
Supp. Home Care-Personal Care	No	-----	-----	-----	-----		1 - 4 Years		36.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	8.3		More Than 4 Years		21.1
Day Services	No	Mental Illness (Org./Psy)	29.4	65 - 74	7.3		-----		-----
Respite Care	No	Mental Illness (Other)	4.6	75 - 84	36.7				100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.5		*****		*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.8	95 & Over	9.2		Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.6		100.0		(12/31/02)		
Other Meals	No	Cardiovascular	11.0	65 & Over	91.7		-----		-----
Transportation	No	Cerebrovascular	13.8		-----		RNs		19.5
Referral Service	No	Diabetes	4.6	Sex	%		LPNs		3.6
Other Services	Yes	Respiratory	6.4	-----	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	22.0	Male	24.8		Aides, & Orderlies		49.1
Mentally Ill	No		-----	Female	75.2				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Diem Resi- dents	Of All
Int. Skilled Care	0	0.0	0	1	1.2	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	0.9
Skilled Care	8	100.0	326	84	97.7	113	0	0.0	0	15	100.0	145	0	0.0	0	0	0.0	0	0	0.0	107	98.2
Intermediate	---	---	---	1	1.2	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	0.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	8	100.0		86	100.0		0	0.0		15	100.0		0	0.0		0	0.0		0	0.0	109	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
Private Home/No Home Health	3.2	Daily Living (ADL)	Independent	Assistance of One Or Two Staff		Dependent		Number of Residents	
Private Home/With Home Health	1.6	Bathing	6.4	58.7		34.9		109	
Other Nursing Homes	9.7	Dressing	21.1	49.5		29.4		109	
Acute Care Hospitals	83.9	Transferring	30.3	47.7		22.0		109	
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	29.4	43.1		27.5		109	
Rehabilitation Hospitals	0.0	Eating	45.9	38.5		15.6		109	
Other Locations	1.6	*****							
Total Number of Admissions	124	Continence		%	Special Treatments				
Percent Discharges To:		Indwelling Or External Catheter		8.3	Receiving Respiratory Care			12.8	
Private Home/No Home Health	17.2	Occ/Freq. Incontinent of Bladder		36.7	Receiving Tracheostomy Care			0.0	
Private Home/With Home Health	9.4	Occ/Freq. Incontinent of Bowel		32.1	Receiving Suctioning			0.0	
Other Nursing Homes	12.5				Receiving Ostomy Care			2.8	
Acute Care Hospitals	11.7	Mobility			Receiving Tube Feeding			4.6	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		0.9	Receiving Mechanically Altered Diets			29.4	
Rehabilitation Hospitals	0.0								
Other Locations	9.4	Skin Care			Other Resident Characteristics				
Deaths	39.8	With Pressure Sores		6.4	Have Advance Directives			77.1	
Total Number of Discharges		With Rashes		0.0	Medications				
(Including Deaths)	128				Receiving Psychoactive Drugs			59.6	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership: Government	Bed Size: 100-199	Licensure: Skilled	All Facilities			
		%	Peer Group Ratio	Peer Group Ratio	Peer Group Ratio	% Ratio	% Ratio	% Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95.7	83.8	1.14	85.7	1.12	85.3	1.12	85.1	1.12
Current Residents from In-County	97.2	84.4	1.15	81.9	1.19	81.5	1.19	76.6	1.27
Admissions from In-County, Still Residing	36.3	35.0	1.04	20.1	1.81	20.4	1.78	20.3	1.79
Admissions/Average Daily Census	112.7	74.2	1.52	162.5	0.69	146.1	0.77	133.4	0.85
Discharges/Average Daily Census	116.4	75.8	1.54	161.6	0.72	147.5	0.79	135.3	0.86
Discharges To Private Residence/Average Daily Census	30.9	24.2	1.28	70.3	0.44	63.3	0.49	56.6	0.55
Residents Receiving Skilled Care	99.1	86.6	1.14	93.4	1.06	92.4	1.07	86.3	1.15
Residents Aged 65 and Older	91.7	83.9	1.09	91.9	1.00	92.0	1.00	87.7	1.05
Title 19 (Medicaid) Funded Residents	78.9	76.6	1.03	63.8	1.24	63.6	1.24	67.5	1.17
Private Pay Funded Residents	13.8	17.1	0.81	22.1	0.62	24.0	0.57	21.0	0.65
Developmentally Disabled Residents	0.9	3.2	0.28	0.9	1.00	1.2	0.78	7.1	0.13
Mentally Ill Residents	33.9	56.1	0.61	37.0	0.92	36.2	0.94	33.3	1.02
General Medical Service Residents	22.0	14.6	1.51	21.0	1.05	22.5	0.98	20.5	1.07
Impaired ADL (Mean)	49.7	49.6	1.00	49.2	1.01	49.3	1.01	49.3	1.01
Psychological Problems	59.6	61.4	0.97	53.2	1.12	54.7	1.09	54.0	1.10
Nursing Care Required (Mean)	7.0	6.4	1.09	6.9	1.01	6.7	1.04	7.2	0.97